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27038 7590 03/26/2004

THERAVANCE, INC.
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Joyce G. Cohen, Reg. 44,622	(Depositor's name)
<i>Joyce Cohen</i>	(Signature)
June 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/456,429	12/08/1999	YU-HUA JI	P-015-RP1	6458

TITLE OF INVENTION: NOVEL CALCIUM CHANNEL DRUGS AND USES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAKER, MAURIE GARCIA	1639	540-491000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Jeffrey A. Hagenah
- 2 Roberta P. Saxon
- 3 Joyce G. Cohen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

THERAVANCE, INC.

South San Francisco, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Authorized Signature) Joyce Cohen (Date) June 24, 2004
Joyce G. Cohen, Reg. No. 44,622

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